



Check it off!

New Employee Benefits Checklist

Use this checklist to help keep track of the selections you wish to make for your State of Michigan benefits. You will need this checklist during your human resources orientation session. If you are covering your spouse and/or children, be prepared to provide their Social Security number and birth date, and a marriage license, if applicable.

Additional plan information will be provided by the Legislative Service Bureau Human Resources Office.

If you have questions or need more information to help you make a plan selection, call the LSB Human Resources Office at (517) 373-9643.

NOTE: *You must enroll in benefit plans or make any changes within 31 days of your hire date, within 31 days for a life event, or during the annual open enrollment period, unless otherwise noted. Open enrollment is held each summer for health, dental, vision, life, and long-term disability insurances. The plan year is based on the State's fiscal year.*

Health Care

Select one health care plan and corresponding coverage option below.

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|--|-----------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> State Health Plan PPO/Blue Cross Blue Shield | <input type="checkbox"/> Emp only | <input type="checkbox"/> Emp and Spouse | <input type="checkbox"/> Emp and Child(ren) | <input type="checkbox"/> Full Family |
| <input type="checkbox"/> Health Maintenance Organization/ HMO | <input type="checkbox"/> Emp only | <input type="checkbox"/> Emp and Spouse | <input type="checkbox"/> Emp and Child(ren) | <input type="checkbox"/> Full Family |
| <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; margin-right: 10px;"><i>Please select an HMO plan (HMO eligibility is subject to your home zip code)</i></div><div><input type="checkbox"/> Blue Care Network (BCN)
<input type="checkbox"/> Physicians Health Plan (PHP)
<input type="checkbox"/> McLaren Health Plan (MHP)</div><div style="margin-left: 20px;"><i>biweekly premium varies according to plan and tier selected</i></div></div> | | | | |
| <input type="checkbox"/> Decline Health Insurance (\$38.46 rebate bi-weekly) | | | | |

Vision Care

Select one vision care plan and corresponding coverage option below.

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|---|-----------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> State Vision Plan–Blue Cross Blue Shield | <input type="checkbox"/> Emp only | <input type="checkbox"/> Emp and Spouse | <input type="checkbox"/> Emp and Child(ren) | <input type="checkbox"/> Full Family |
| <input type="checkbox"/> Decline enrollment in Vision Plan (\$1.35 rebate bi-weekly) | | | | |

Dental Care

Select one dental care plan and corresponding coverage option below.

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|--|--|--|--|---|
| <input type="checkbox"/> State Dental Plan/Delta Dental
<i>Employee pays 5% of the premium via biweekly payroll deduction.</i> | <input type="checkbox"/> Emp only
\$1.08 biweekly | <input type="checkbox"/> Emp and Spouse
\$1.97 biweekly | <input type="checkbox"/> Emp and Child(ren)
\$2.40 biweekly | <input type="checkbox"/> Full Family
\$3.28 biweekly |
| <input type="checkbox"/> Dental Maintenance Organization/DMO
<i>(DMO eligibility is subject to your home zip code)</i> | <input type="checkbox"/> Emp only | <input type="checkbox"/> Emp and Spouse | <input type="checkbox"/> Emp and Child(ren) | <input type="checkbox"/> Full Family |
| <input type="checkbox"/> Decline Dental Insurance (\$8.85 rebate bi-weekly) | | | | |

Employee Life Insurance

Select one employee life insurance plan below.

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|--|
| <input type="checkbox"/> Employee Life Insurance/2x salary (maximum \$200,000) |
| <input type="checkbox"/> Reduced Life/Bi-weekly cash payment/1x salary (maximum \$50,000) |

New Employee Benefits Checklist

Dependent Life Insurance – optional

If you choose this coverage, select one dependent life insurance plan below.

- ☐ Spouse \$1,500 and/or child(ren) \$1,000
\$0.20 per pay period / \$5.20 annually
- ☐ Spouse \$5,000 and/or child(ren) \$2,500
\$0.60 per pay period / \$15.60 annually
- ☐ Spouse \$10,000 and/or child(ren) \$5,000
\$1.20 per pay period / \$31.20 annually
- ☐ Spouse \$25,000 and/or child(ren) \$10,000
\$4 per pay period / \$104 annually
- ☐ Child(ren) only \$10,000 / \$0.75 per pay period
- ☐ Decline Dependent Life Coverage (no rebate)

Note: If you are married to another State of Michigan or House of Representatives employee, only one of you may cover your child(ren) under this plan.

In addition, you cannot cover your spouse who is a State of Michigan employee or State retiree as they are covered by an individual life insurance policy.

Long Term Disability (LTD) – optional

Select one long term disability option below. LTD insurance can only be added within 31 days of hire or at annual open enrollment.

- ☐ Long Term Disability (LTD)
Rates vary according to sick leave hours. If less than 184 sick leave hours, the employee premium is \$2.08 per \$100 of earnings.
- ☐ Decline Long Term Disability coverage (no rebate)

Long Term Care – optional

Long Term Care enrollment is coordinated by Prudential Insurance Company of America. To enroll, visit their website at www.prudential.com/insurance/longtermcare or call 1-800-732-0416 / Monday–Friday, 8 am to 8 pm EST.

- ☐ Long Term Care / Prudential (rate varies according to employee's age and plan selected)

401K Defined Contribution Plan

401(k) Defined Contribution plan is coordinated through ING. New employees hired after 03/31/1997 will be enrolled in the 401(k) Defined Contribution Plan. The State of Michigan will contribute an amount equal to 4% of your gross wages for your 401(K) retirement and match 3% of your bi-weekly contributions. Use your ING PIN and enroll via your ING self-service account to start your bi-weekly contributions. ING will send an information packet to all new employees. Additional information is available at <https://stateofmi.csplans.com>. **Note:** You can make changes to your contribution amounts at any time.

- ☐ ING 1-800-748-6128

457 Deferred Compensation Plan – optional

457 Plan enrollment is coordinated by ING. You need to contact ING to start your bi-weekly contributions. Additional information is available at <https://stateofmi.csplans.com>. **Note:** You can enroll in the 457 Plan at any time.

- ☐ ING 1-800-748-6128

Accidental Death and Dismemberment (AD&D) – optional

You can enroll in AD&D Coverage at any time. An enrollment form is available from the LSB Human Resources Office.

- ☐ Accidental Death and Dismemberment (AD&D) Coverage

Health Care Flexible Spending Account – optional

Health Care Flexible Spending Accounts use pre-tax dollars to pay for certain out-of-pocket health care expenses. These accounts are subject to established IRS Guidelines. You may enroll within 31 days of hire or during the annual open enrollment period. The FSA plan year is based on the calendar year. FSAs are administered by WageWorks. Request a form if you wish to enroll.

_____ **Health Care Flexible Spending Account**

→ \$_____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$_____ Yearly Total

Dependent Care Flexible Spending Account – optional

Dependent Care Flexible Spending Accounts use pre-tax dollars to pay for certain out-of-pocket dependent care expenses. These accounts are subject to established IRS Guidelines. You may enroll within 31 days of hire or during the annual open enrollment period. The FSA plan year is based on the calendar year. FSAs are administered by WageWorks. Request a form if you wish to enroll.

_____ **Dependent Care Flexible Spending Account**

→ \$_____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$_____ Yearly Total

Qualified Parking Spending Account – optional for employees who park in a non-State parking lot

You may enroll in a qualified parking spending account at any time. Changes to your deduction amounts can be made every 28 days as necessary.

_____ **Qualified Parking Spending Account**

→ \$_____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$_____ Yearly Total

Supporting Documentation for Life Events

Notify the LSB Human Resources Office whenever a life event occurs. Paperwork for a life event must be processed within 31 days of the event, and copies of supporting documentation must be submitted.

When you add or delete your child(ren) and/or spouse to your State of Michigan benefits, you must submit the following legal documents within 31 days of your hire or the event for your enrollment to be valid:

- ☐ Spouse – marriage certificate
- ☐ Minor children – birth certificate, adoption certificate or guardianship papers
- ☐ Dependent children ages 19 to 25 - birth certificate, school record of enrollment **and** CS-1771 form (available at www.michigan.gov/mdcs under the MDCS Forms link).
- ☐ Divorce – last page of judgment and any other pages relating to insurances or benefits

Legislative Service Bureau Human Resources Office

Phone: 517-373-9643

Fax: 517-373-4424

Employee Intranet: <http://theinsidesource>

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Lansing, MI 48909

This checklist is a summary of benefit offerings and is not intended to replace or substitute for plan booklets or other State Rules and Regulations.